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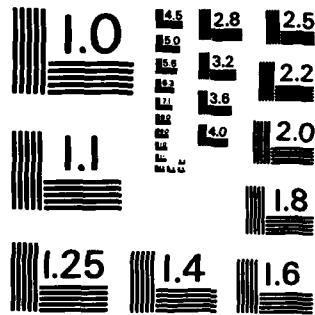
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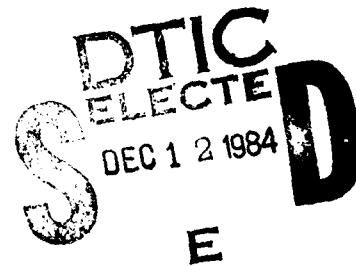
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1 DIFFERENCES IN PERCEPTIONS OF ORGANIZATIONAL CONDITIONS, JOB ATTITUDES, AND HEALTH BELIEFS AMONG MILITARY PHYSICIANS, DENTISTS, AND NURSES

**LCDR James M. LaRocco, MSC, USN
David C. Meder**

**Research Paper 3-84
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DIFFERENCES IN PERCEPTIONS OF ORGANIZATIONAL CONDITIONS,
JOB ATTITUDES, AND HEALTH BELIEFS AMONG MILITARY
PHYSICIANS, DENTISTS, AND NURSES

It is well known that certain work conditions have adverse effects on employee productivity and morale (Cooper and Payne, 1978) and can adversely affect psychological and physical health as well (Caplan, Cobb, French, Harrison and Pinneau, 1975; House, 1974; Kahn, 1981). These studies, and many others, have shown that organizational conditions that lead to work stress result in reduced productivity, increased dissatisfaction, turnover, somatic complaints, anxiety, depression, hypertension, peptic ulcers, accidents, and drug and alcohol abuse.

Health care providers may be particularly prone to stress related disorders. A National Institute of Occupational Safety and Health (NIOSH) survey of a wide range of occupations showed that, of the 27 jobs with the highest incidence of stress related disorders, seven were health care occupations (Schwartz, 1978). Similarly, a Department of Labor study reported that accident rates both on and off the job were 58% higher for health care personnel than those employed in other service organizations (Calhoun, 1980). It is not surprising that work stress also affects the quality of patient care. Calhoun (1980) cites several studies which show that in community and psychiatric hospitals, staff stress adversely affected patient care.

There is no doubt that health care professions are inherently stressful. One cannot deal with pain, suffering, and death on a regular basis without being affected in some way. In fact, many

studies of stress in this occupational group focus on stress as an inherent part of the job.

While these endemic stresses may be difficult and perhaps impossible to control, other sources of stress are amenable to change. In this regard, health research in the industrial sector has investigated work stress as a function of organizational conditions and job design that can be modified to reduce the adverse consequences of stress. A major focus of our current research project is to work from this industrial/organizational tradition to measure perceived job characteristics that can be altered to improve the quality of worklife. As a first step, this paper examines the relative position of three primary groups of health care providers, physicians, dentists, and nurses, on dimensions of the work environment pertinent to stress and well-being. Additionally, these occupational groups will be compared on a number of outcome measures commonly associated with work and stress.

Theoretical Model

Researchers generally agree on the major conceptual categories that delineate the relationship between work and health. Though they differ somewhat in their theoretical frameworks or research concerns, all researchers hypothesize that certain outcomes, i.e., satisfaction, psychological health, and physical health can be affected by job conditions. The theoretical model adopted here and shown in Figure 1 is similar to many others described by stress researchers (e.g., French and Kahn, 1962; Katz and Kahn, 1978; House, 1981; LaRocco, House and French, 1980; Levine and Scotch, 1970, McGrath, 1976).

This model suggests that job characteristics, e.g., the amount of workload, role conflict, and responsibility, may affect job attitudes, e.g., dissatisfaction with the job, one's supervisor, or one's co-workers. Dissatisfaction may in turn lead to dysphoria and ultimately to health problems. Of course, a simple linear model such as this is merely a heuristic device. Job characteristics, such as amount of workload, can be expected to have direct effects on psychological strains, such as anxiety. Anxiety, in turn, can lead to dissatisfaction.

In summary, this study presents an assessment of the relative position of military physicians, nurses, and dentists, working within the same hospital, on variables relevant to work and well-being. The guiding model is one that incorporates job characteristics and other situational variables that can be altered by management to foster a more positive quality of worklife.

METHOD

Sample

The data were collected at a large naval hospital in the Northeast. Participants consisted of physicians ($n = 52$), dentists ($n = 33$), and nurses ($n = 54$). Demographic data for the three groups and the sample as a whole are shown in Table 1. On the average, the respondents were in their mid-thirties (the nurses were younger than the other groups), had been in their current job approximately 18 months and were mid-level officers. The majority of the sample were engaged primarily in clinical work as opposed to administration. The physicians and dentists

were almost all male while the nurses were almost all female. Approximately half the nurses were married, while the physicians and dentists were all married.

Data Collection

Participants were recruited through an announcement at staff meetings and by notes placed in a newsheet published daily at the hospital. Prospective participants assembled at the end of their work day (4-6 pm) in a designated room. They were then briefed on the study and reviewed and signed a consent form if they agreed to voluntarily participate in the research. The participants then received the questionnaire and were instructed to return it the next day. Physiological measures were also taken but are not reported here.

Measures

Fifty-two scales were used in the questionnaire. For each multiple item scale, the number of items, Cronbach's internal consistency estimate of reliability, range, and source is presented in Table 2. In general, the measures can be grouped in accordance with the model described in the Introduction. As indicated in Table 2, job characteristics included measures of quantitative workload, qualitative workload, responsibility for others, role ambiguity, role conflict, predictability of events, understandability of events, self-determination on the job, control over others on the job, influence on decisions, and job/non-job conflict. Respondents were asked to indicate the extent to which these conditions were present in their jobs.

Perceived strain measures required that the respondents assess the degree of strain their work and life placed on them. These measures included work place environmental strain (e.g., temperature, lighting), work strain, personal strain, home strain and societal strain.

Job attitude measures included a variety of satisfaction scales (global job satisfaction, security satisfaction, pay satisfaction, growth satisfaction, co-worker satisfaction, supervisor satisfaction, and work hours satisfaction), as well as measures of Navy satisfaction and professional satisfaction which were developed to parallel the global job satisfaction measure.

External mediators included measures of social support from supervisor, peers, subordinates and significant others (spouse, parents, girl/boy friend), and perceived locus of organizational power.

Internal mediators included measures of Type A personality, perceived locus of control, work effectiveness, occupational self-esteem, problem-focused and emotion-focused coping, caffeine and alcohol use, smoking behavior and exercise habits.

With regard to health outcomes, the study used a health perception questionnaire developed by the Rand Corporation (Davis and Ware, 1981) which consisted of the following subsets: current health, previous health, resistance to illness, health worries, and health expectations.

Psychological well-being was measured by three scales: anxiety, depression, and somatic complaints. By combining these, an overall measure of psychological well-being was created.

Statistical Analysis

A one-way analysis of variance was performed using each of the fifty-two scales as the dependent variable and occupational sub-group membership as the independent variable in each case. Significant overall F ratios were further examined with the Tukey HSD Test (Kramer, 1956).

RESULTS

Analyses indicating significant differences between the occupational groups are shown in Table 3. Twenty-two (42%) of the fifty-two one way analysis of variance tests performed were significant with a probability of less than .05. The .05 probability level was also used as the significance level for the Tukey HSD post hoc tests outlined below.

Job Characteristics. Among the variables relevant to job characteristics, four of the twelve reflected significant group mean differences. It was found that dentists reported a higher qualitative workload than both physicians and nurses. Both nurses and physicians reported greater responsibility for others than dentists. Dentists indicated more predictability of events than nurses. Finally, the nurses experienced more organizational changes than physicians.

Perceived Strain. In the cluster of variables pertinent to perceived strain, two showed significant group differences. Both dentists and nurses reported significantly greater exposure to workplace environmental strain than physicians. The level of

personal strain was found to be higher for the dentists relative to the physicians.

Job Attitudes. For job attitudes, a pattern emerged in which the nurses appeared to be the most dissatisfied group compared to physicians and dentists, reporting less satisfaction in the areas of job satisfaction, their profession, and opportunities for growth and development on the job. Nurses also were significantly less satisfied with their supervisors than dentists and were significantly less satisfied with their hours than physicians. The dentists reported greater satisfaction with the Navy than the physicians.

Health Outcomes. The findings regarding health outcomes showed that the physicians reported more positive health beliefs relative to the other two groups. Dentists and nurses reported significantly more anxiety, depression, and somatic complaints than physicians. The physicians had a significantly higher level of overall psychological well-being than both dentists and nurses. The dentists indicated that they had a greater degree of concern with their health than both nurses and physicians.

DISCUSSION

The documented severity of the problem of stress in health care occupations has provided the impetus to explore its specific antecedents, consequences, and possible ameliorative strategies. One focus of this work has been on the distribution of stress and its effects among different health care occupational groups (Bates and Moore, 1975; Leatt and Scheneck, 1980; Lyon and Ivancevich,

1978; and Posner and Randolph, 1980). The results reported in this paper are presented within the tradition of those studies by providing data on the relative position of military physicians, dentists, and nurses on variables relevant to work stress and well-being. The findings for each variable are valuable in that they are a first step toward establishing baseline data in this important area of research.

Regarding work stress and well-being among physicians, it has been claimed that physicians suffer excessively from the stress of their jobs (Russek, 1962). In contra-distinction to Russek's finding, these physicians, relative to nurses and dentists, were a psychologically and physically healthier group. They were also more satisfied and reported less workplace and personal strain than the other occupational groups. One explanation for this difference may be that, unlike the independent practice physicians Russek and others have surveyed, these military physicians represents a type of physician, the "organizational physician," that may require a new set of assumptions regarding the effects of working conditions. Perhaps health care organizations have certain strengths, for example, the availability of peer support, intellectual stimulation and protection from catastrophic malpractice claims, that lead to the kind of positive outcomes reported here. What these data can not address, of course, is the level of physical and psychological well-being of the physicians in normative terms. Perhaps they are happy and healthy relative to a very miserable group of dentists and nurses. Comparative studies will be needed to fully address this issue.

Dentists presented a different picture. Like the physicians they reported a relatively high level of satisfaction and support from their peers. At the same time, like the nurses they reported high levels of work and personal strain. They also had the highest levels of health worries and the lowest levels of psychological well-being (i.e., high levels of anxiety, depression, and somatic complaints). Among the three occupational groups included in this project, dentists have been studied the least. Again, large group practice is a relatively recent phenomenon which may explain the lack of research into the effects of organizational conditions on dentists. Further research involving dentists is clearly warranted.

Unlike research on physicians and dentists, there have been hundreds of studies about nurses and the organizational conditions that impact on their work satisfaction and health. Our findings speak to two interrelated issues relevant to work and well-being among nurses -- interrole conflicts and power or influence strategies. A good deal has been written on the problem of professional identity and powerlessness among nurses (e.g., Stevens, 1983). It is frequently argued that nurses feel a sense of dissatisfaction due to their being forced, by hospital structure, into a status not commensurate with their training (Kalisch and Kalisch, 1977). To explore this, our study utilized several measures of satisfaction and incorporated four measures of organizational conditions especially relevant to interrole conflicts and power/influence relationships within a hospital: locus of power (organizational), self-determination, influence on decisions and control over others.

In this sample we found that nurses were the least satisfied group both on a global measure of job satisfaction and on a measure specific to professional satisfaction. They were also the least satisfied with their supervisors, hours, and personal growth opportunities in their jobs.

Surprisingly, given the literature on this subject, there were no significant mean differences among the groups on the four job characteristics variables that reflected inter-role conflicts or power relationships. The lack of significant mean differences on the variables of locus of power, self-determination, influence on decisions, and control over others was typical of most of the job characteristics we measured. This may reflect the fact that these Navy nurses also carried a military rank that provided them with specific authority over anyone, including physicians, of lower rank. On the other hand, while the group means were not always significantly different in this small sample, nurses typically reported higher levels of job characteristics considered aversive (e.g., role conflict) and lower levels of jobs characteristics considered positive (e.g., predictability of events on the job).

CONCLUSION

These data provide indications that perceptions of some organizational conditions do vary between health care occupations in the same organization, but that these differences do not necessarily exist where previous evidence might suggest e.g., the physicians who participated in the study were not suffering

excessive strain relative to nurses and dentists. The nurses were clearly the least satisfied group, but their reported levels of power, control, and decision making latitude were not significantly different from that of the physicians and dentists.

Of course, we cannot assume that the simplistic research strategy used here can provide a totally adequate picture of the complex situational and intra or inter-personal factors that impact on job and health outcomes. Researchers interested in job characteristics that discriminate between occupational groups might benefit from attending to variables and research strategies other than those employed here. Of particular merit may be the investigation of moderating effects of the external (i.e., situational) and internal (i.e., personality) mediating variables. Among these, buffering effects of social support have been well documented (c.f., LaRocco, House & French, 1980). Similarly, Sutton and Kahn (1983) have proposed that understanding, prediction, and control may moderate the relationship between organizational conditions and certain work and health outcomes. Personality measures such as Type A behavior, coping strategies, and locus of control also have been suggested as moderating factors. Future research reports stemming from this project will investigate the potential influence of interaction effects in explaining differences among health care professionals in job attitudes and health status.

Footnotes

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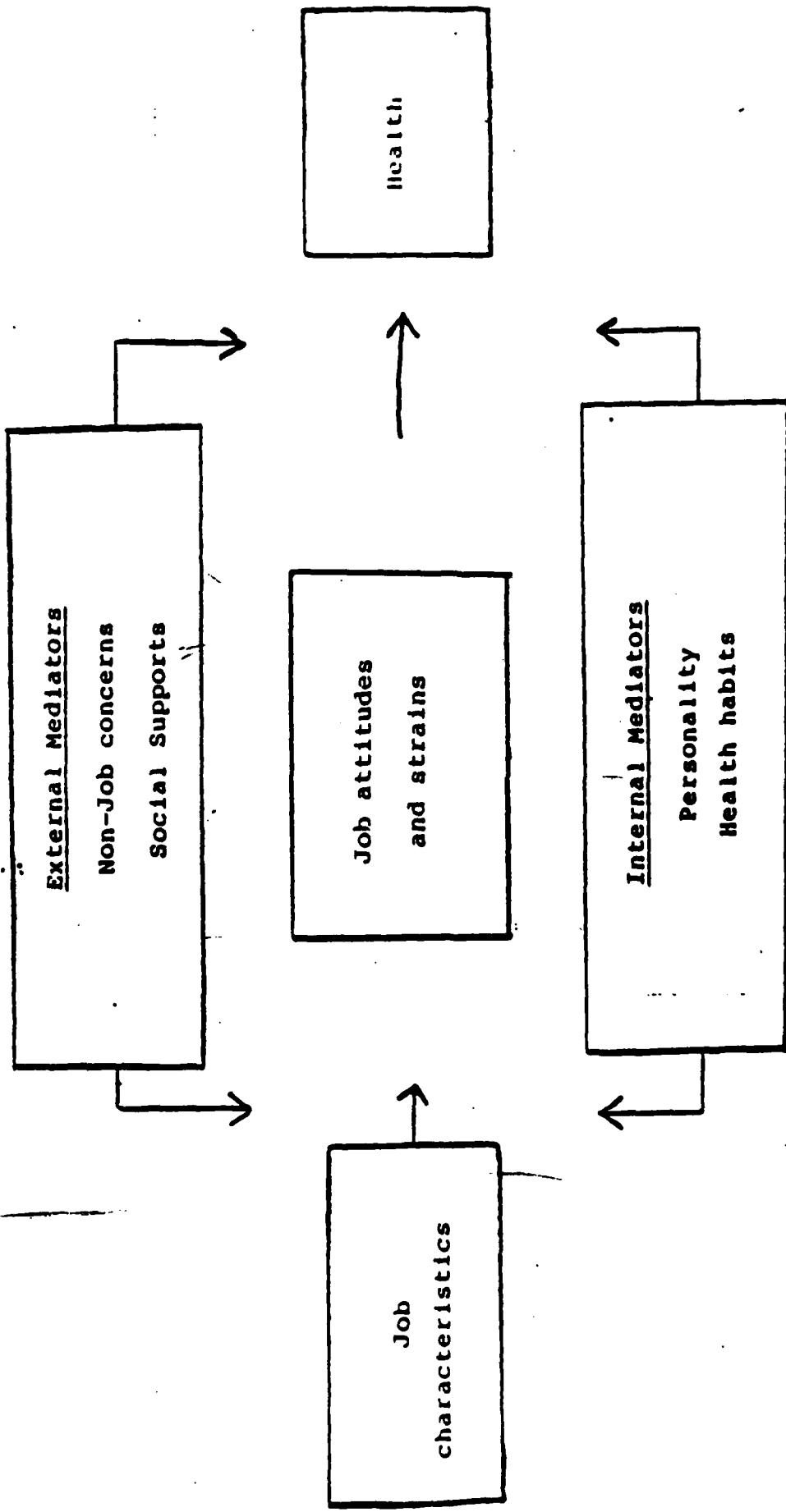


FIGURE 1

Theoretical Model of the Relationship Between Work and Well-Being

TABLE 1
DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE
(Mean (Standard Deviation) or Frequency (Percent))

Variable	Full Sample *	Dentists	Physicians	Nurses
N	139	33	52	54
Age	33.83 (6.41)	36.03 (5.56)	35.42 (6.32)	31.00 (6.04)
Sex				
Male	85 (61%)	32 (97%)	45 (87%)	8 (15%)
Female	54 (39%)	1 (3%)	7 (13%)	46 (85%)
Marital Status				
Single	37 (27%)	2 (6%)	8 (15%)	27 (50%)
Married	99 (71%)	30 (91%)	42 (81%)	27 (50%)
Divorced	2 (1%)	-	2 (4%)	-
Separated	-	1 (3%)	-	-
Tenure (in months)	15.75 (16.66)	13.27 (8.40)	21.67 (22.95)	11.56 (10.81)
Education				
BH	5 (3%)	-	-	5 (9%)
BA/BBS	36 (24%)	-	-	36 (67%)
MA	13 (9%)	-	-	13 (24%)
DDS	33 (22%)	33 (100%)	-	-
MD	52 (35%)	-	52 (100%)	-
Duties				
Clinical	95 (64%)	22 (67%)	43 (82%)	30 (56%)
Administrative	41 (27%)	9 (27%)	8 (15%)	24 (44%)
Academic	1 (1%)	1 (3%)	-	-

* Some discrepancies exist due to missing values.

TABLE 2

MEASURES OF JOB CHARACTERISTICS, PERCEIVED STRAIN, EXTERNAL MEDIATORS,
INTERNAL MEDIATORS, JOB ATTITUDES, AND HEALTH OUTCOMES

Measure	N of Items	Cronbach's α	Range	Source
Quantitative Workload	5	.75	(1) None or very little to (7) Very much; a great extent	House, J. S. (1980)
Qualitative Workload	3	.62	"	Developed for study.
Responsibility for Others	4	.76	"	Caplan et al (1975)
Role Ambiguity	4	.64	"	"
Role Conflict	4	.68	"	House and Rizzo (1972)
Predictability of Events	4	.67	"	Based on Sutton and Kahn (1981)
Understanding of Events	4	.69	"	"
Self-Determination on Job	6	.83	"	"
Control of Others on the Job	4	.82	"	"
Influence on Decisions	4	.79	"	"
Job-Personal Life Conflict	4	.88	"	Developed for study.
Organizational Changes	18	.53	Dichotomous items indicating occurrence or non-occurrence of events	Adams, J. D. (1980)
Workplace Environmental Strain	9	.89	(1) No concern to (7) A source of great concern	The perceived strain items are derived from Adams, J. D (1980).
Societal Strain	4	.70	(1) Not stressful to (5) Extremely stressful	
Work Strain	6	.74	"	"
Home Strain	5	.58	"	"
Personal Strain	5	.63	"	"

TABLE 2

MEASURES OF JOB CHARACTERISTICS, PERCEIVED STRAIN, EXTERNAL MEDIATORS,
INTERNAL MEDIATORS, JOB ATTITUDES, AND HEALTH OUTCOMES (continued)

Measure	N of Items	Cronbach's	Range	Source
Anxiety	5	.83	(1) Rare/never to (5) Always	These scales are based on items adapted from a number of sources, primarily (Caplan et al., 1975).
Depression	7	.76	"	"
Somatic Complaints	5	.75	"	"
Overall Psychological Well-Being	17	.87		This scale is a unit-standard composite of the Anxiety, Depression, and Somatic Complaints scales.
Occupational Self-Esteem	4	.69	Semantic Differential format (1-6).	House, J. S. (1980)
Personal Effectiveness	5	.81	(1) Not at all effective to (6) Very effective	Developed for study.
Job Satisfaction	3	.83	(1) Disagree strongly to (7) Agree strongly	The global and facet satisfaction measures were derived from the Job Diagnostic Survey (JDS) (Hackman and Oldham, 1980).
Navy Satisfaction	3	.77	"	Developed to parallel the JDS global satisfaction measure.
Professional Satisfaction	3	.90	"	"

TABLE 2

MEASURES OF JOB CHARACTERISTICS, PERCEIVED STRAIN, EXTERNAL MEDIATORS,
INTERNAL MEDIATORS, JOB ATTITUDES, AND HEALTH OUTCOMES (continued)

Measure	N of Items	Cronbach's alpha	Range	Source
Security Satisfaction	2	.66	(1) Extremely dissatisfied to (7) Extremely satisfied	The global and facet satisfaction measures were derived from the Job Diagnostic Survey (JDS) (Hackman and Oldham, 1980).
Pay Satisfaction	2	.80	"	"
Growth Satisfaction	4	.82	"	"
Co-Worker Satisfaction	3	.65	"	"
Supervision Satisfaction	3	.84	"	"
Hours Satisfaction	1	-	"	"
Social Support:				
from supervisor	4	.83	(0) Do not have such support to (4) Very much (support)	Caplan et al (1975)
from peers	4	.83	"	"
from subordinates	4	.83	"	"
from significant other	4	.94	"	"
Type A	9	.74	(1) Very true to (6) Not at all true of me	"
Professional Orientation	3	.47	"	"
Administrative Orientation	3	.88	"	"

These scales were derived from previous work with Navy personnel.

TABLE 2

MEASURES OF JOB CHARACTERISTICS, PERCEIVED STRAIN, EXTERNAL MEDIATORS,
INTERNAL MEDIATORS, JOB ATTITUDES, AND HEALTH OUTCOMES (continued)

Measure	N of Items	Cronbach's α	Range	Source
Locus of Control	5	.75	Forced choice (More strongly believe is true)	Rotter, J. B. (1966)
Locus of Power	12	.81	"	Guilbert, E. K. (1978)
Problem-Focused Coping	12	.58	Dichotomous (use or non-use of strategy)	Aldwin et al (1980)
Emotion-Focused Coping	12	.56	"	"
Current Health	6	.88	(1) Definitely false to (2) Definitely true	Physical health items were taken from Rand Health Insurance Survey (Davis & Ware, 1981).
Previous Health	3	.63	"	"
Resistance	4	.76	"	"
Health Worries	5	.70	"	"
Health Expectations	4	.66	"	"

TABLE 3

DIFFERENCES AMONG PHYSICIANS (MD), NURSES (RN), AND DENTISTS (DDS) ON
THE VARIABLES EMPLOYED IN THIS STUDY*

VARIABLE:Job Characteristics

Qualitative Workload	DDS (5.84) > MD (5.13), RN (4.75)
Responsibility for Others	RN (5.37), MD (4.89) > DDS (3.92)
Predictability of Events	DDS (4.30) > RN (3.31)
Organizational Changes	RN (4.87) > MD (3.41)

Mediating Variables

Support from Peers	DDS (3.55) > MD (3.12), RN (3.00)
Professional Orientation	MD (4.65) > DDS (3.96), RN (3.71)
Administrative Orientation	RN (3.50) > MD (2.46)

Job Attitudes and Strains

Job Satisfaction	MD (5.45), DDS (5.37) > RN (4.28)
Professional Satisfaction	MD (6.28), DDS (5.85) > RN (4.15)
Mavy Satisfaction	DDS (5.87) > MD (5.04)
Growth Satisfaction	MD (5.65), DDS (5.45) > RN (4.68)
Satisfaction with Supervision	DDS (5.36) > RN (4.57)
Satisfaction with Hours	MD (4.46) > DDS (3.73), RN (3.35)
Workplace Environmental Strain	RN (4.24), DDS (3.98) > MD (2.62)
Personal Strain	DDS (2.46) > MD (2.06)

Health Variables

Health Worries	DDS (3.29) > RN (2.89), MD (2.53)
Anxiety	DDS (2.75), RN (2.58) > MD (2.24)
Depression	RN (2.44), DDS (2.34) > MD (2.03)
Somatic Complaints	DDS (2.04), RN (1.95) > MD (1.51)
Overall Psychological Well-Being	MD (3.06) > RN (2.67), DDS (2.63)

* Tukey HSD test ($p < .05$), means in parentheses

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20. ABSTRACT (Continue on reverse side if necessary and identify by block number) An assessment was made of the relative positions of military physicians (n=52), dental (n=33) and nurses (n=54), working within the same hospital, on variables relevant to work and well-being. The guiding model was one that incorporates job characteristics and other situational variables that can be altered by management to foster a more positive quality of worklife. The results indicated that perceptions of some organizational conditions do vary between health care occupations in the same organization.		

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